

Menlo Family Apartments MHSA Housing Program Application: Section D

D.1 Consistency with Three-Year Program and Expenditure Plan

Menlo Family Apartments project is consistent with the Los Angeles County Department of Mental Health's (DMH) Three-Year Program and Expenditure plan by providing a continuum of services for formerly homeless or at risk of homelessness Transition Age Youth (TAY) and families with children who are seriously emotional disturbed (SED) or serious and persistent mental illness (SPMI) in a permanent supportive housing project. Menlo Family Apartments' supportive service plan was created with the Los Angeles County's Community Services and Support (CSS) plan in mind. The project will provide MHSA-eligible tenants with supportive services that promotes community reintegration and a commitment to recovery and wellness. A total of 30 units will be reserved for homeless households, including 5 units (4 1-bedroom units and 1 2-bedroom units) for Transition Aged Youth and 15 units (1 1-bedroom units, 9 2-bedroom units and 5 3-bedroom units) for families with children with SED. In summary, a total of 20 units will be funded by MHSA and reserved for Transition Aged Youth and families with children with SED, who will be MHSA consumers. Occupancy of 5 units will be restricted to youth who are homeless or at-risk-of-homelessness between 18 and 24 years of age, with income up to 30 percent of the area median income. Mental health services will be made available through the Koreatown Youth and Community Center (KYCC), a contractor with DMH. All supportive services are designed to promote the tenants' wellness and overall successful transition to permanent supportive housing. The project will provide client driven, voluntary supportive services which are culturally and linguistically appropriate, and will specifically meet DMH's goal to reach unserved, underserved, or inappropriately served TAY and families with children with SED or SPMI.

D.2 Description of Target Population to be Served

The Little Tokyo Service Center Community Development Corporation (LTSC CDC) and KYCC plan to serve 5 MHSA-eligible Transition Age Youth (TAY) ages 18-25 and emancipated foster youth ages 16+ who have a SPMI or a SED in the proposed project. The target population will be homeless (as defined by MHSA Housing Program guidelines), but may also be at risk of homelessness (also as defined by MHSA guidelines) if they are transitioning from transitional housing, the foster care system, or the probation system.

In addition, fifteen (15) units will be targeted to children (0 to 15) who are dealing with SED and their families who have been or are at risk of being homeless. These families will be targeted in cooperation with service providers and advocates working with this population.

In summary, a total of 30 units will be reserved for homeless households, including 5 units (4 1-bedroom units and 1 2-bedroom units) for mentally ill Transition Aged Youth and 15 units (1 1-bedroom units, 9 2-bedroom units and 5 3-bedroom units) for families with children with a diagnosis of SED.

Their primary source of income, if any, is expected to be entitlement benefits, and prospective tenants' incomes will be at or below 30% AMI. The project will prioritize underserved API populations (including but not limited to: Cambodian, Chinese, Fijian, Filipino, Hawaiian, Hmong, Japanese, Korean, Laotian, Mien, Samoan, Tongan and Vietnamese) within the guidelines of fair housing laws while also serving the general population as a whole.

The total housing project provides 60 housing units available to low-income individuals and families. Of the 60 proposed units, 5 are one-bedroom units, 35 units are two-bedroom units, and 20 units are three-bedroom units. The units will be restricted for low- and very low-income households that are earning up to 30%, 35%, 40%, or 50% of the Area Median Income (AMI). Non-MHSA funded units will not be age-restricted. The 5 units targeted for MHSA-eligible tenants and spread throughout the building will be 1-bedroom units. As there is a high demand for affordable housing in the area, it is expected that many applicants will be from the surrounding Koreatown neighborhood.

While Service Area 4 contains the majority of the homeless population in Los Angeles County, most housing and service resources are concentrated in the Skid Row area of Downtown Los Angeles. Menlo Family Housing seeks to provide opportunities for permanent supportive housing in the Koreatown neighborhood, particularly as acute housing shortages, overcrowded housing, and a severe economic downturn places heavy downward pressure in one of the most densely populated regions of the County.

D.3 Tenant Selection Plan:

Referral to the Program

LTSC CDC will be the property management agent for this project. Prospective tenants will be primarily referred from KYCC and other DMH directly-operated or contract agencies in Los Angeles County including Pacific Clinics, Asian Pacific Counseling and Treatment Centers, and Hillside. LTSC CDC and KYCC will work directly within the network of service agencies in Service Area 4 to recruit eligible applicants from Koreatown and surrounding neighborhoods. Other sources of referrals that have been identified include: Emancipation Services Division of the Department of Children and Family Services (DCFS), the Probation Department, New Image Shelter, Special Services for Groups (SSG), and the Homeless Outreach Program (HOPs). Finally, affirmative outreach will be conducted within the guidelines of fair housing laws through neighborhood serving organizations in Koreatown, ethnic newspapers and media, and other resources identified by KYCC.

Tenancy application process

Applicants for the MHSAs-funded units will have a Single Fixed Point of Responsibility (SFPR) at the time of application. KYCC and LTSC CDC will work closely with the applicant's SFPR (if different from KYCC) throughout the application process to ensure that the process will go smoothly. Property Management staff will also be prepared to assist any applicants who might have trouble completing the application forms. This assistance might take the form of answering questions about the application, helping applicants who might have literacy, vision or language problems and, in general, making it possible for interested parties to apply for assisted housing and ensure that any requests for reasonable accommodation are processed in a timely fashion. KYCC's service coordinator will act on KYCC's behalf in this process.

All applicants for the MHSAs-funded units who approach the housing project directly or who are referred from a DMH mental health service provider must first complete the DMH's standardized MHSAs Housing Program – Certification Application process, as well as complete the application process for Menlo Family Housing. Applicants who have been certified by DMH as MHSAs-eligible may be referred directly to the project from DMH's Master Referral List.

If applicants for the MHSAs-funded units have not already been certified by DMH, KYCC and LTSC CDC will work with them and their SFPR to ensure that the Certification Application along with a signed "Authorization to Disclose Client's Protected Health Information" form is sent to DMH's Housing Policy & Development (HP&D) Unit for processing in a timely fashion. Property management must receive authorization from HP&D in order to house an applicant in an MHSAs-funded unit. If there are no vacancies when they apply, tenants may submit an interest form to LTSC CDC for processing prior to receipt of DMH certification. This will allow them to be placed on the waiting list, and

ultimately housed once they are certified by HP&D. However, no tenant shall be housed in MHSA-funded units without prior DMH certification.

Menlo will also have an internal application procedure as a component of the project's property management plan, as outlined below. The internal Menlo application must be completed and signed by the head of the household and any other adult member of the household. All other members of the household will be listed on the application form.

The following is an outline of the application process.

- Menlo applications and program information will be distributed to local transitional living facilities, drop in centers, DMH service providers, DMH and Department of Children and Family Services (DCFS) co-located offices, and emergency shelters serving TAY and families with children. All qualified persons who respond during this period are to have an equal opportunity to be selected for occupancy.
- Applications shall be accepted by mail or in person at a designated pick up and drop off location during the hours of 9am to 5pm or as otherwise designated at lease-up. LTSC CDC and KYCC staff will be available to work with applicants and SFPRs to complete applications.
- At the end of the application period, LTSC CDC shall establish relative priority among those who respond during the period on a first come first served basis as of the date and time of the submission of the complete application.
- Once an applicant's priority has been established through these procedures, the process outlined below shall be followed.
- Eligible applicants (and their SFPRs when appropriate) will be provided with third-party verification forms for income and TAY and families with children eligibility, if necessary, to be filled out by their income source and the proper social service provider.
- Potential tenants for MHSA-funded units will undergo a three-part screening process: the prospective tenant will be evaluated by LTSC CDC's property management division to determine if s/he meets the income eligibility requirements; and the MHSA tenant certification process will be initiated to determine MHSA eligibility. SFPRs will be included in the evaluation process as appropriate. LTSC CDC will also run a standard credit and eviction check. In collaboration with KYCC, LTSC CDC will determine whether or not the tenant is able to live independently, as outlined in the Internal Screening Process below, and whether or not s/he is prepared to abide by the terms of the lease at Menlo Family Housing. While all parties will respect and seek input from each other, in the case of disagreement over tenant selection, LTSC CDC will make the final determination, after extending reasonable accommodation of tenants' previous history.

- During rent-up, orientation meetings will be held with applicants who have or will provide third-party verification of income and MHSA eligibility. Whenever necessary, the management agents will assist applicants who have limited fluency in English with KYCC staff, DMH service agency staff, or by referring that person to a social service agency which might be able to fulfill their translation needs.
- Upon third-party verification of income and MHSA eligibility, the applicant shall either be offered residency or their name shall be added to the waiting list in the order of their application time-date submittal number. All requests for reasonable accommodation will be met to the extent possible to applicants offered residency. LTSC CDC shall notify DMH of the outcome of the application process.
- For those MHSA-eligible applicants not selected for occupancy, KYCC shall arrange for a meeting with LTSC CDC, the applicant and their SFPR, if applicable, to provide written notification stating the reasons for their ineligibility and discuss the decision with the applicant in person. An appeals process as outlined in the Eligibility Criteria below shall be available to the applicant.
- Those applicants that do not qualify for an MHSA-funded unit, but are income-qualified will be eligible for tenancy in a non-MHSA funded unit.
- A grievance committee will consist of staff representatives from LTSC CDC and will also include KYCC staff members. If the decision is reversed, the applicant will be returned to the approved applicant pool to be considered for future vacancies.

Waiting list procedure

In the event that there are no immediate vacancies, the following waiting list procedure shall apply.

- All qualified applicants will be placed on a waiting list and shall receive a letter or postcard informing them of their status. Since the target population is homeless, LTSC CDC will also notify the applicant's SFPR (if applicable).
- After initial lease-up, interested applicants shall submit an interest form, provided by LTSC CDC, to be added to the waiting list. Applicants to MHSA funded-units will be screened for income eligibility and MHSA eligibility, and will be selected upon the availability of unit.
- Applicants on the waiting list shall be taken in the order of the time-date listing, with those on the list the longest interviewed first.
- Prospective residents will be informed that continued income eligibility and

annual income recertification will be required as a condition of occupancy.

- Qualified applicants and their SFPR (if applicable) shall be notified that they shall have 2 weeks to decide to take the available unit. Applicants will be given the opportunity to inspect the unit to be rented within that period. Should the applicant choose to rent the unit, the applicant shall sign an inspection form and a rental agreement, and shall pay the security deposit.
- The waiting list will be updated continually and applicants on the waiting list will be contacted every twelve (12) months by mail and through their SFPR (if applicable) to indicate their desire to remain on the list.

Appeals process for those who are denied tenancy

Applicants who do not pass the eligibility requirements for an MHSA-funded unit will be sent a rejection letter (this letter may also be sent to their SFPR, if needed). Applicants will have up to fourteen days following their receipt of a rejection letter to file an appeal in writing. LTSC CDC will respond to all appeals within 72 hours. Such applicants will be encouraged to schedule an informal meeting to discuss the rejection or may choose to respond in writing. They will also have the opportunity to discuss their application and resultant rejection with a KYCC case manager.

If the applicant and/or the family still feel that the denial of their application for tenancy has not been resolved they can contact the Patient's Rights Office at DMH. Their office hours and telephone number will be provided to all applicants for MHSA-funded units at the beginning of the application process. They may also do this at any time during the application process. DMH will be informed of the outcome of the appeals process.

Reasonable Accommodations policy & protocols (as they relate to targeting & Tenant screening)

All property management staff serving Menlo Family Housing will participate in Fair Housing training within 90 days of employment. All requests for reasonable accommodation will be met to the extent possible. It is expected that many of the MHSA eligible applicants may have atypical histories, which would normally disqualify them for housing. LTSC CDC and KYCC understand that this will require flexibility under the screening approach outlined below and are prepared to provide such flexibility. Applicants or their SFPR may submit information regarding mitigating circumstances for which they may require reasonable accommodation for review in writing and through interview. Further, LTSC CDC will engage the applicant's SFPR in the reasonable accommodation process to the fullest extent possible. A decision will be made in writing, and will include written findings for any rejection. The decision will be provided both to the applicant and their SFPR, if applicable. If requests are beyond the scope of this project, case managers and other support service staff will be equipped to issue referrals to partner organizations or other organizations that can meet the needs of the potential tenants.

Eligibility criteria (include how these criteria are consistent w/ CSS plan & MHSA Housing program target populations)

General Eligibility Criteria

LTSC CDC and KYCC, will select tenants for the MHSA-funded units using criteria developed by the partners as outlined above and in accordance with Fair Housing laws. Selection of tenants for Menlo Family Housing will not rely solely on traditional property management standards; standards will be established that reflect a commitment to housing families with mentally-ill children and various subpopulations of TAY, in particular, those who are both homeless and who have a severe and persistent mental illness or serious emotional disturbance.

MHSA Eligibility Criteria

- Eligible tenants must be ages 18-25, or 16+ with proof of emancipation from the foster care system or families with mentally-ill children.
- Children and youth with severe emotional disorders or severe mental illness as defined in Welfare and Institutions Code Section 5600.3(a).
- In addition, the individual shall be homeless, meaning living on the streets or lacking a fixed and regular night-time residence. This includes living in a shelter, motel or other temporary living situation in which the individual has no tenant rights. Individuals may also be at risk of homelessness, or exiting and/or entering institutional settings such as foster care or juvenile facilities.
- DMH shall determine the eligibility of individuals applying for tenancy in an MHSA-funded unit for compliance with the MHSA Housing Program target population criteria.

Internal Process for screening and evaluating tenants for participation

Applicants meeting DMH and income eligibility for assisted housing will then be screened according to the following criteria. These criteria, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household. Selection of tenants for Menlo Family Housing will not rely solely on traditional property management standards, and each of the following criteria will be assessed on a case by case basis for each MHSA-eligible applicant. Exceptions will be made based upon information and consultation with the applicant and SFPR, taking into consideration pre-mental health history and post-mental health history.

- (1) Ability and willingness to pay rent in a timely manner,

- (2) Credit history and prior rent history, and interviews and personal references if no history is available
- (3) A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect the health, safety or welfare of other tenants, or cause damage to the unit or development;
- (4) Involvement in criminal activity on the part of any applicant family member which would adversely affect the health, safety or welfare of other tenants such as drug abuse or violence;
- (5) A record of eviction from housing or termination from residential programs;
- (6) An applicant's ability and willingness to comply with the house rules and regulations, and terms of the Property's lease.
- (7) An applicant's misrepresentation of any information related to eligibility, award of preference for admission, allowances, family composition or rent.

As the Property Management Company, LTSC CDC will be the final judge of what constitutes adequate and credible documentation. If staff have doubts about the veracity or reliability of information received, they will work with the applicant's SFPR and pursue alternative methods as needed until they are satisfied that their documentation is the best available.

When a preliminary determination of eligibility and qualification for preferences has been made and either the verification forms have been returned or telephone verifications obtained, and the initial interview has been completed, the staff will make a preliminary recommendation of Admission or Rejection.

Following this recommendation, the appeals and reasonable accommodation processes noted in the Reasonable Accommodations and Appeals Process portions of this plan will be followed.

How Fair Housing Requirements will be Met

Management will not discriminate on the grounds of race, color, national origin, religion, children, socio-economic class, gender, or disability. Management will not allow physical examination as a condition of occupancy for persons of any age.

The property management company will comply with all practices and procedures required by the mortgagee and/or all government agencies to insure that the prescribed fair housing goals are met in the operation of Menlo Family Apartments per Federal Code (24)CFR, part 200.620(a)-(c). Notices will be sent to local newspapers and publications serving the area in the languages spoken in that locale. The Fair Housing

Poster will be displayed in the rental office. The Handicapped Accessible symbol will also appear on all materials. TTY service is available for the deaf and the manager will be advised how to work with the operator. Vision impaired tenants will be given the opportunity to have all paperwork read to them and may record that meeting.

D.4 Supportive Services Plan

***Description of Services to be delivered, including where and how they will be delivered, the frequency with which they will be made available to tenants, the primary service provider, and other community linkages.**

The primary goal of this project's housing and supportive services is to assist the MHSA-eligible tenants to improve their overall functioning, to retain permanent housing, and to thrive as members of a mixed community. LTSC CDC and KYCC have entered into an agreement as co-developers, to provide supportive housing and supportive services for the MHSA-eligible tenants. The project seeks to (1) strengthen and enhance the independence and well being of MHSA-eligible tenants, and (2) provide them with comprehensive services that are voluntary, client-directed, strength-based, built on principles of recovery and resilience, and delivered responsively and respectfully in the community in a manner sensitive to the cultural needs of the individual served. By integrating tenants into a mixed housing population, they can take advantage of services and resources on a continuum, providing for a smooth transition as they age. MHSA-eligible tenants will already be in a living environment where they can adjust to living among the general population. After transition, they will have the option to continue participating in the building's activities and accessing onsite supportive services. To address any ongoing mental health needs, KYCC will work to identify offsite adult mental health services.

The project will provide on-site services from KYCC, as well as off-site services from a variety of community partners including the Pacific Asian Consortium for Employment (PACE) and the Koreatown Health Education Information and Resource Center (KHEIR). These community partners have committed their resources to the project in written agreements. On-site staff will serve the total tenant population, with time specifically devoted to meeting the higher needs of the MHSA-eligible tenants as outlined in Table 1. This staffing pattern includes a 0.4 FTE Service Coordinator, 0.1 FTE Educational Resource staff, 0.1 FTE Life Skills Staff, 0.1 FTE Employment Services Staff, and 1.0 FTE Case Manager.

KYCC will be the primary service provider and the primary mental health service provider for the Menlo Family Apartments' MHSA-eligible tenants. As both the primary service provider and the primary mental health service provider for the MHSA-eligible tenants, KYCC will provide staff as described in the Staffing portion of this section, for the entire building, though some staff time will be specifically dedicated to the MHSA-eligible tenants. On-site programs provided by KYCC accessible on a weekly basis include educational mentoring/tutoring, financial literacy programs, and life skills programs. In addition, linkages to community resources such as PACE, KHEIR, Bresee, and arts and cultural programs will be made available through the service coordinator.

KYCC has history of over 30 years serving youth and families in the Koreatown neighborhood, with a proven track record in delivering a continuum of services including mental health services, afterschool and educational programs, gang prevention, life skills, parenting, financial literacy, computer literacy, substance abuse prevention, and community engagement. KYCC has extensive experience working with TAY and families with children of diverse backgrounds, with staff capacity in multiple languages. KYCC employs an array of partnerships and collaborations for referrals for specialized services such as employment, recreation, and health services.

Since 1998, KYCC has contracted with the Department of Mental Health (DMH) to provide mental health services, case management brokerage, case management support, and medication support services for children, youth and their families. In addition to being a DMH contract provider, KYCC brings experience as an AB1733/2994 Child Abuse Prevention, Intervention, and Treatment (CAPIT) and Family Preservation services provider for the past ten years. KYCC's annual budget for clinical services is approximately \$700,000 to fund 9 full-time and one part-time staff members. Additionally, KYCC in 2009 began providing services under DMH MHSAs Field Capable Clinical Services (FCCS) to provide mental health services to children and Transition Age Youth in Service Area 4.

KYCC's approach emphasizes a continuum of services from engagement, structured teaching, and individualized mentoring, to self-directed and peer-mediated activities. KYCC's strengths are its deep community resources and internal capacity to provide learning and recovery to move mental health consumers towards independence, wellness, resiliency, and stability. All supportive service staff, including case managers, service coordinator, and other staff identified in this service plan will work together to meet the needs of each MHSAs-eligible tenant as appropriate to each individual service plan.

PROPOSED SERVICES

Services for the MHSAs-eligible tenants will be provided by KYCC on-site, as Menlo Family Housing has been designed with specific consideration for supportive services. Four 100 square foot (SF) individual counseling rooms and several larger community rooms appropriate for small, medium, and large group activities and workshops on the ground floor will be available for service activities on-site as needed. These larger community rooms include a 400 SF computer lab, 400 SF tutoring room, and 725 SF large group space. Finally, a 2,261 SF community room will provide a large gathering space for tenant and community meetings. If needed, services can also be provided in the tenant's unit. Security within the housing development will be achieved utilizing an electronic card security system to prevent unauthorized guests from entering the building. Protected Health Information (PHI) for all MHSAs-eligible tenants will be securely kept in a double-locked file room, and social service staff will follow HIPAA guidelines for securing these files at all times. Property management staff will not have access to PHI, and will keep tenant files secured in a separate locked file cabinet.

A critical component of this supportive housing program is to create a supportive and nurturing community within the larger tenant community in the building. KYCC will provide tenant services for the general tenant population to build a strong sense of community, safety, and pride. KYCC will provide services such as afterschool programs, academic mentoring and tutoring, and life skills training. Additionally, the project will emphasize building an MHSA-eligible tenant community that is integrated into the building but also fully supported with staff, on-site programs, and community linkages to meet their specific needs. MHSA-eligible tenants will be encouraged to participate in overall tenant services programs, and staff will allocate a portion of their time to the specific needs of participating MHSA-eligible tenants. Clinical mental health services will be provided only to the MHSA-eligible tenants. Clinical service programs may include individual counseling and therapy, peer-to-peer group activities, and community linkages. Staff will be accessible to MHSA-eligible tenants throughout the day and past normal working hours, at least until 7pm, to remain accessible to those who are employed.

MHSA Families with Children

The approach to serving children who are reuniting with their parent after an out of the home placement or who are entering the foster care system including Kinship Care at Menlo Family Housing will be to provide a hub of services that are tailored to meet the broad array of challenges faced by these families. General services enrichments will be provided by on-site Menlo Family Housing staff, which will also coordinate specialized services both through contract mental health services, with the network of SPA 4 mental health providers, and with peer groups such as Grandparents as Parents and Kinship in Action. By leveraging these resources and those within the community—such as the on-site after school programs, the families, service providers, and peer groups will establish a neighborhood-based family services hub focused on meeting the challenges of raising a related foster child or reuniting.

According to a report by the Casey Family Programs in August of 2003, the specific needs and issues facing these families include the following:

- Children in kinship care often require more than average attention to their physical and mental health. Many struggle with the after effects of intra-uterine exposure to drugs or alcohol. Many have intensified social and emotional needs, particularly in adolescence.
- Two recent Reports to Congress noted the following facts about kinship families:
 - Most kinship caregivers are older than non-caregivers with many more over the age of 60
 - More than half of kinship care children live with caregivers that are unmarried
 - Two in five (41 percent) kinship children live in families with incomes below the federal poverty level
 - More than a third of children in kinship care are being raised by caregivers without a high school diploma

- Many kinship caregivers are rearing more than one related child, often in addition to children of their own
- Most kin caregivers take on this responsibility in the middle of a crisis situation
- Kinship caregivers face tremendous financial hardships as a result of adding new members to the family
- In addition to the above, one of the reports included other general characteristics:
 - African American children are disproportionately represented in the foster care population and are far more likely than children in non-kin foster care to be African American
 - Kinship care is more common in central cities than in rural or metropolitan areas
 - Fewer children and fewer persons live in public kinship care households than in non-kin foster homes
 - Well-being of kinship caregivers is generally lower than that of non-kin foster parents
 - Drug and alcohol abuse on the part of birth parents frequently leads to kinship care. Relative caregivers in the informal system often cite parental substance abuse as the reason they are assuming the responsibility of raising someone else's children. Drugs are especially prevalent in our urban centers, where the largest concentration of kinship families is currently located. Unfortunately, access to treatment for substance abuse and mental health problems are extremely limited. Without this kind of help, reunification and attempts to prevent out-of-home care are not likely to offset the prominent role of relative caregivers.

The approach of Menlo Family Housing and its services programs, therefore, are specifically designed to address the unique challenges faced by this family population by providing large, fully accessible units for these larger families likely facing physical challenges, by providing services that are culturally appropriate and including individual counseling, peer-provided services, and respite care. The delivery of culturally and ethnically sensitive services will be provided by culturally and ethnically diverse staff. The available on-site childcare will also be a key resource for these families.

KYCC has supported the notion that effective afterschool programs are critical in communities where children and youth are left unsupervised during after-school hours. We have operated culturally competent after-school programs for ethnically diverse, at-risk youth for over 32 years in and around the Koreatown area of Los Angeles. In fact, KYCC was founded in 1975 as a drop-in center to serve at-risk Korean-American youth who were experiencing problems at home and at school. The vast majority of youth served by KYCC are from families who have recently immigrated to the United States and whose first language is not English.

Afterschool Program Components

Tutoring and Homework Assistance - Project staff and volunteers will implement a program to help participants strengthen basic skills and acquire subject matter knowledge in core academic subjects. Youth often struggle academically because they do not know how to be successful students, find a place to study, allocate time effectively, read a textbook for information, and ask and answer questions in class. Tutoring and Homework Assistance program aims to help young people attain these “studying” skills which will help the students acquire basic math and communication (reading, writing, listening, and speaking) skills.

Project staff and volunteers will tutor young people in study skills and specific core academic subjects. Menlo Family Housing will work from an educational philosophy that a young person’s academic success does not occur in isolation from other parts of that person’s life. Project staff will train tutors to view youth holistically and to help young people deal with their family life, relationship conflicts, and self-management since these issues impact school success. Tutors will receive on-going training and supervision to work effectively with students individually and in small groups.

Computer Instruction - Participants will have the opportunity to acquire computer skills through practical application, as technology will be immersed throughout the various programs. Students will receive instruction in Microsoft Office, Internet use, Internet safety and computer literacy. Technology classes will be held two times a week for one hour each session. The students will be divided into groups depending on their age. A pre- and post-test will be used to gauge each participant’s knowledge of technology, and assessments will be updated on a periodic basis to eliminate any redundancy for returning students.

The Technology Coordinator will be available to provide skill-development services and open lab supervision. Modules will include a multi-media component wherein students can, for example, create a documentary on issues of interest to be shown to the broader community.

MENTORING & LIFE SKILLS (Both Target Populations)

The services will focus on implementing workgroups to engage youth to identify and develop connections with positive support networks. The strategies designed are aimed at counteracting negative influences, while being supportive of a family system that is working toward stability.

Activities are designed to help youth therapeutically deal with issues related to the family and/or their residency in high-risk communities, and to prevent their own dysfunctional ways of coping.

The program addresses the negative behaviors and choices of the youth through case management, mentoring and life skills training, and provides academic assistance, college preparatory sessions, and entrepreneurial training. Participants also receive life skills workshops such as career exploration, skills-building, computer literacy, anger management, substance abuse prevention, interpersonal communication, decision-making, and informal counseling from the coordinator. A comprehensive vocational assessment is conducted to gauge interest, skills, talents, and abilities. Participants who are appropriate for further employment training and placement are referred to workforce centers. Those who require further assessment, exploration, and training participate in monthly workshops that enable youth to discover their gifts and to expose them to a wide array of higher learning opportunities or career options. The youth also increase their community awareness and level of activism through service learning projects.

The mentoring aspect of the program utilizes the Social Learning Model of attention, retention, reproduction, and motivation. Learning objectives include: a) re-evaluating self-worth criteria, b) how to create a supportive network, and c) life-skills (decision-making, coping). Learning outcomes include: a) identification of self destructive patterns and how to seek support, b) improved decision making that reflects constructive values, and c) how to engage in pro-social activities that promote achievement and success.

ENRICHMENT SERVICES

Pro-social Activities - The center will provide opportunity for children and youth to engage in recreational and sports activities as well as visual arts, martial arts, and yoga. Social activities foster trust and are often key opportunities that enable youth to feel connected in a less threatening or formal setting.

Quarterly outings will be available to places such as: the Museum of Tolerance, community events (e.g., health fairs, community forums, etc.), and cultural events (e.g., Cinco de Mayo, Martin Luther King Day, etc.). Parents are encouraged to serve as chaperones on all field trips.

Field trip planning is supervised by staff and includes: setting the goals and objectives for the outing; scheduling; coordinating parent permission slips and related release forms; conducting the orientation to review safety protocols, expectations, and consequences; recruiting parent chaperones; organizing small groups; coordinating transportation; providing food or refreshments; and de-briefing after the activity.

Family Evenings - The Family Evenings occur on a monthly basis. All workshops are informative and motivational sessions for learning to parent with greater confidence, effectiveness, and personal fulfillment. Through interactive processes, the workshops provide family members with tools for:

- Building understanding and respect in the home.
- Improving communication and listening skills (conflict resolution)

- Fostering cooperation and positive attitudes
- Creating a climate for positive and rewarding family relationships
- Developing greater parental school involvement

PROPOSED SERVICES TO TAY AGES 18-25

The MHSA-eligible TAY tenants will require age specific resources and community linkages such as educational and employment opportunities. Menlo Family Housing is well located geographically within the community and KYCC will assist the MHSA-eligible tenants with linking to such community resources. A primary service goal will be to assist them to become financially independent and stably housed, which will be achieved through working towards obtaining gainful employment. Education and employment readiness skills will be provided through KYCC programs as well as off-site community linkages. As determined and tracked through case management, the MHSA-eligible tenants will be linked to healthcare, education, and employment resources through various community-based agencies. Educational institutions located nearby include LAUSD Metropolitan Skills Center, Belmont Education And Career Center, Belmont Community Adult School, Los Angeles Community Adult School, Regional Occupational Program Center, Los Angeles Trade Tech, and the Abram Friedman Occupational Center. Based on KYCC's long-standing but informal partnerships with these institutions, case managers and KYCC educational program staff will assist them with accessing courses and resources at these campuses. Primary off-site organizational partners include PACE, which will provide employment resources and vocational training, and KHEIR, which will provide primary health care services. Additional health resources may be available through collaborations with the Asian Pacific Health Care Venture, Queenscare, St. John's Well Child Clinic, UCLA hospital, and LA County USC hospital. Linking with DMH wellness centers in Service Area 4 will also play a role in providing group activities to the TAY tenants.

The services targeted to the MHSA-eligible tenants will be provided following a four-phase intervention or continuum based on the client's specific needs. The four phases are: 1) Engagement; 2) Intensive/Structured/Teaching; 3) Supportive/Individualized/Mentoring; and 4) Follow-up/Peer-mediated/Self-Directed. Under this model, KYCC will utilize clinical staff, including licensed psychologists and social workers, and project partners will provide staffing as appropriate, to provide intensive and comprehensive case management, employment training and life-skills coaching. Supportive services for the MHSA-eligible tenants are voluntary, and tenants are not required to participate as a requirement of housing.

Clinical staff and case managers will provide 24-7 crisis intervention services to MHSA-eligible tenants. In order to ensure that all MHSA-eligible tenants have available access

in cases of crisis, all designated staff are asked to provide 24/7 crisis intervention coverage. MHSA-eligible tenants will be given numbers to call after hours in the event of a crisis. If the staff is not available, the after-hour voice mail should indicate the crisis response information. Staff are directed to respond as quickly as possible, and within an hour of any call. The following after hours policy will be followed.

After Hours

1. A precipitating crisis is reported by an MHSA-eligible tenant, Staff will utilize appropriate clinical interventions over phone or in person, if needed, to de-escalate situation.
2. If the situation is escalating but not in immediate danger, the staff member should call Clinical Supervisor to consult.
3. The Clinical Supervisor will discuss the details of the event with the staff and provide clinical recommendations to continue to de-escalate situation. If the situation has defused, the staff will develop a safety plan to minimize risk of safety to client and others.
4. If the situation continues to escalate, Clinical Supervisor will reassess level of risk and, if deemed appropriate, will instruct the staff to contact the DMH ACCESS TEAM (1-800-854-7771).
5. If it is a life-threatening situation (e.g., threatening individual with a knife...) the staff and/or family member should immediately call 911.
6. The case manager or therapist and Clinical Services will then follow up with all parties after hospitalization and fully document the incident.

Staffing

KYCC's supportive services team will provide individual and group service delivery. Services will be provided on-site to the extent possible, with referrals or appointments at other service facilities utilized when needed. Total supportive services staffing will provide a client to staff ratio of 5 to 1 of on-site services (Table 1) to MHSA-eligible tenants. Staff will additionally be on-site to provide services to the entire building's tenant population. Case managers will be accessible for emergency and crisis response 24/7. During operational hours, KYCC staff will refer crises to case managers or SFPRs as needed. Office hours for supportive service staff at the Menlo site will be on weekdays from 10am to 7pm. The service coordinator will be on site 40 hours per week, and will be available to MHSA-eligible tenants during these operational hours. After hours and on weekends, case managers will be on-call to respond to crises and emergencies, and will be available to come on-site as needed.

Service Coordination

KYCC will employ an on-site service coordinator who will be available 16 hours per week to coordinate supportive services for the MHPA-eligible tenants. The service coordinator will be employed full time to coordinate services to the entire building. The on-site service coordinator is responsible for ensuring delivery of on-site supportive services as well as coordinating other community services in conjunction with the case managers. The service coordinator will be considered the point person for the coordination of all services from KYCC, DMH, and any other service partners. This individual will act as a liaison and coordinate services with DMH mental health service providers, and other community service providers. The service coordinator will not provide mental health services, and is a separate staff position from case managers or clinical staff. The service coordinator will also have other duties to perform as a tenant services coordinator for the general tenant population, but will have specified hours set to assist the MHPA-eligible tenants during the work week. The service coordinator will be responsible for ensuring that KYCC case managers are meeting regularly with MHPA-eligible tenants, that they are progressing towards goals set in their ISPs, that the property management staff is responsive to their needs, that an adequate level of services is being delivered to them, and that a firewall is maintained between service and property management staff to ensure tenant privacy. The service coordinator will have access to clinical supervisors at each service provider agency to ensure ongoing communication with case managers and clinical staff. The service coordinator will also facilitate regular meetings with all case managers and the property management agent. The service coordinator will also meet monthly, or other appropriate regularly set schedule, with staff of on-site programs provided by KYCC to review tenant engagement and resolve any challenges. Finally, the service coordinator also attends any tenant council meetings and work with the council to resolve any issues that arise during those meetings.

Case Management

As the mental health service provider, KYCC will provide case management to support the MHPA-eligible tenants. Case managers mainly work offsite, but will be accessible on an on-call basis 24/7 via cell phone. Tenants will have weekly meetings with their KYCC case manager, or other schedule as determined by the tenant. Case managers will work with tenants to develop Individual Service Plans (ISP) which will set the framework for services and programs that meet their specific needs. The individual service plan will be coordinated with support from SFPRs or KYCC case managers, with a high level of engagement by the project's service staff to maintain ongoing access to a full range of resources. This will include engagement in outside community linkages, structured programs on-site, individualized mentoring, and working with supportive services staff to provide and manage opportunities for peer-mediated and self directed activities. Case managers will also assist with the transportation needs of the tenants to utilize offsite services through agency vehicles or bus tokens.

Mental Health Services

Individual therapy will be provided based on need. The clinical team will also include an off-site clinical supervisor, an off-site psychiatrist, and rehab specialists who will make visits to Menlo to provide on-site services to the MHSA-eligible tenants, as needed. The staffing plan for these clinical specialists will be finalized to form a team specific to the Menlo site as the number of MHSA-eligible tenants with KYCC as their SFPR is determined. If possible, arrangements will be made for clinical staff to deliver services on-site. KYCC will also draw upon existing relationships with mental health service providers in Service Planning Area 4, including Pacific Clinics, Asian Pacific Counseling and Treatment Centers, Hillside, and other agencies if they are the SFPR for a tenant in an MHSA-eligible unit.

Table 1. Onsite Staffing Pattern for MHSA-eligible Tenants

Position	FTE	Hours per Week on Site
Primary Service Provider – KYCC		
Service Coordinator	0.4	16 hours
Program staff: Education Resources	0.1	4 hours
Program staff: Life Skills	0.1	4 hours
Program staff: Employment	0.1	4 hours
Mental Health Service Provider – KYCC		
Clinician/Case Manager	1.0	40 hours

***Plan for helping tenants maintain their housing and achieve independence, including employment services, budgeting and financial training, educational opportunities, assistance in obtaining or maintaining benefits to which they are, or may be entitled, and other community services that will be made available to tenants.**

The Menlo Family Housing project will provide a continuum of services and activities made available through the resources of our project partners to build tenants life skills, achieve successful independent living, and maintain permanent housing. These services will be provided to all building tenants, with additional staffing and resources directed specifically to the MHSA-eligible tenants. The project’s service staff will play a critical role to provide the opportunity to engage these services and assist tenants to achieve their goals. Peer support from other MHSA-eligible tenants as well as the families and adults in the building who participate together in service activities will help to achieve independence, wellness, and permanent housing.

KYCC Case Managers will consult with each MHSA-eligible tenant’s SFPR, if different, to undertake assessment and ongoing progress review of the MHSA-eligible tenants. KYCC case managers will initially help them to determine personal goals and plans to achieve their goals, by developing ISPs. This will include helping tenants resolve any issues with the property manager to retain their apartments, helping individuals understand their responsibilities and rights as tenants, and providing training in daily living skills (including transportation support/travel training and training in self

advocacy/community accessibility) needed to maintain their home and achieve independence, self-sufficiency and wellness. In addition, supportive service staff will help tenants obtain and maintain public benefits, as well as access community resources off-site. The ISP will be specifically tailored to each tenant based upon their voluntary participation, engagement, and choice of services. The service program is designed to be flexible and respond to each tenant's dynamic needs and goals over time.

The following service activities in particular will assist the MHSA-eligible tenants achieve and sustain independence and remain permanently housed: employment and vocational training, life skills and financial literacy, and educational support. While these services will be available to all tenants of the Menlo apartments, KYCC staff will develop specific program materials and resources specifically for MHSA-eligible tenants. Case managers will engage MHSA-eligible tenants throughout the recovery process, and work with other KYCC program staff to deliver the services identified in each ISP. The service coordinator will assist case managers with arranging linkages to off-site resources, such as accessing transportation and scheduling meetings and appointments.

Career Development: KYCC (on-site) and PACE (off-site) provide employment support services such as training in completing resumes, job interviewing, conflict resolution skills, and adapting to the work environment and co-workers. In addition, KYCC also has additional staffing and resources for all of its tenants that will link the MHSA-eligible tenants to the State Department of Rehabilitation for financial assistance for vocational training and help place them in suitable employment. PACE is a One-Stop Career Center and Worksource Center, which can directly place tenants in employment/vocational settings.

Community Living Skills: MHSA-eligible tenants will be offered on-site life skills training, as identified in their ISPs. These programs will be provided through individualized sessions with clinical staff and within KYCC's structured life skills programs that provides living skills group training sessions. Life skills such as money management/financial literacy, technology training and computer literacy, home skills, and social skills will be taught. Case managers and life skills staff will provide individual services. Life skills program staff will facilitate group trainings, and bring in outside trainers as needed. Group trainings will be designed to support peer-to-peer interaction and learning, and will provide opportunities for participating tenants to take active leadership roles.

Educational Support: KYCC will provide on-site afterschool tutoring and mentoring for youth and MHSA-eligible tenants at Menlo apartments. Specific attention and resources for MHSA-eligible TAY tenants will be available through these structured programs, including higher education counseling to assist tenants in enrollment at university, community college, and vocational college programs. Case Manager will assist MHSA-eligible tenants one-on-one on an individualized mentoring level to identify and register for available classes and programs. Once enrolled the Case Manager will

continue to monitor and support the tenant's progress to ensure success of educational/vocational goals, and will encourage peer to peer support and self-directed action steps.

KYCC will also provide technology resources and computer literacy training. These on-site programs will take advantage of the computer lab, counseling rooms, and group meeting rooms available at the project's service space to allow for informal peer-to-peer and staff interaction, and formal workshops and trainings led by service staff.

Transition Plan

A key goal of each individual service plan shall be long-term housing stability. The Menlo Family Housing project may provide permanent affordable supportive housing for MHSA-eligible TAY tenants even after transitioning to adulthood. A critical component of the proposed project is that as a mixed-population project, including TAY, adult, and family tenants, MHSA-eligible tenants may be able to remain in the building after age 25, if there are available non-MHSA funded units. KYCC case managers will work with MHSA-eligible tenants in need of supportive services after transition age to identify adult services from a DMH service agency. As TAY tenants age in place, they will already be learning to live independently among the broader population. Ongoing participation in the project's activities and programs will ensure a smooth transition out of the TAY program, without the disturbance of having to relocate to new housing. Units with MHSA-eligible TAY tenants transitioning to other units or out of the building will be opened up for lease to other MHSA-eligible TAY applicants. Upon gaining tenancy, new MHSA-eligible tenants will then have access to the services described in this service plan.

As the MHSA-eligible tenants age, a more concrete transition plan will be created. The plan will be based on the tenant's long-term housing goals as well as assessment and evaluation by the SFPR and other service staff. At the very latest, this plan will be put in place 30 days after each tenant's 25th birthday. The transition plan will begin to be developed as early as 18-24 months prior to aging out. After being developed, the transition plan shall be reviewed in conjunction with the tenant's standard service plan at each meeting with their case manager. Should the tenant require DMH adult services, the case manager will refer the tenant to other DMH service agencies in SA 4.

The transition plan will include alternative housing options as well. It is critical that other options be explored early on during the transition plan implementation. This will allow for tenants to be placed onto any necessary waiting lists early enough for their units to become available within an appropriate timeframe. Following are several options that will be considered:

- Other housing within LTSC's portfolio: LTSC's portfolio includes a range of affordable housing options with varying income restrictions, including apartments within Koreatown as well as throughout Los Angeles. KYCC case managers will work with LTSC's property management department to locate any appropriate

vacancies for the transitioning tenants. KYCC case managers and SFPR will ensure that supportive services are available to tenants at their new housing location, if needed, by referring MHSA-eligible tenants to DMH service agencies providing adult services.

- Referral to other MHSA funded housing: The tenant will be presented with a list of the various permanent supportive housing projects with MHSA funded units in order to select the location of his/her choice. This will allow the tenant to transition into another permanent supportive housing unit – but also to live within a more age-appropriate setting.

***Description of how services will support housing stability, as well as wellness, recovery, and resiliency. It is anticipated that the supportive services plan for the development will include services that are facilitated by peers and/or consumers. If this is not part of the service delivery approach, please provide an explanation.**

The program's services will be multifaceted, integrating one-on-one clinical services, case management, and peer groups. This approach is comprehensive and engages direct service staff, family members, peer advocates and interagency liaisons/collaborations. The goal of this program is to assist tenants on a path of personal growth, empowerment, and self-determination. Services are voluntary, and tenants are not required to participate as a requirement of housing. It is expected that each tenant's needs will be different, and case managers will work with tenants to develop ISPs which will set the framework for services and programs that meet their specific needs.

This program will follow a holistic approach to health and wellness that recognizes the physical and emotional needs of tenants on their own terms. Wellness activities includes offering tenants a host of on site services such as classes, recreation activities, educational programs, recovery meetings, support groups and more that they can choose from, lead, and find individual opportunities for deeper involvement. KYCC has referred youth to the Bresee Community Service Center, Tae Kwon Do martial art classes, arts programs through the Music Center, as well as sports activities through the parks and recreational department. Other recreational activities include the Salvation Army summer camp that is offered every summer for low and subsidized costs. KYCC will make these linkages available to the MHSA-eligible tenants. The onsite service coordinator/case managers will also make available off site referrals for tenants to obtain medical and dental care through a partnership with Korean Health, Education, Information, and Research Center (KHEIR), a community health clinic. In addition, KYCC will also provide linkages to off-site Service Area 4 Wellness Center activities for interested MHSA-eligible tenants. These include the following sites, and may include others which DMH approves in the future. Recognizing that Wellness opportunities specific to TAY may be limited, KYCC intends to work with DMH to adopt TAY appropriate wellness activities within these centers.

Special Services for Groups, 2120 W. 8th St., # 210, Los Angeles 90057

Hollywood MHC, 1224 Vine St., Los Angeles 90038

Northeast MHC, 5321 Via Marisol, Los Angeles 90042

Individual clinical services may include counseling, therapy, and 24 hours a day/7 days a week crisis intervention. Supportive services will be provided on-site by KYCC service staff, as well as at relevant locations such as educational facilities and the workplace. Supportive service staff will work with MHSA-eligible tenants one-on-one towards individual development goals, including life skills counseling, employment counseling, and financial management.

In addition to individual supportive services, KYCC staff will facilitate peer support groups related to alcohol and substance abuse prevention, support, and psycho-education. There will also be KYCC programs on group education and activities on life skills, education, and employment training. A component of those activities will also include peer-to-peer engagement and support. Staff will provide opportunities for age-appropriate peer groups which MHSA-eligible tenants can participate and undertake voluntary leadership efforts. MHSA-eligible tenants may be engaged in group activities with other MHSA-eligible tenants as well as the general population residing in the building, providing a full range of opportunities for personal growth. Staff will ensure that PHI are secure, and tenant privacy is maintained throughout these programs.

KYCC will work hard to ensure housing stability for MHSA-eligible tenants, and will take measures to prevent eviction to the greatest extent possible. KYCC's service coordinator will meet weekly with property management staff. KYCC and LTSC CDC will work together to ensure that tenants are aware of and abide by house rules and regulations provided in the tenant's rental agreement. Proper communication amongst property management, service coordinators, case managers, and tenants will be maintained in order to manage expectations and potential conflicts. No information about diagnosis will be discussed during these meetings, and only behaviors that put tenancy at risk will be discussed. Should LTSC CDC issue a notice or warning to a tenant, the tenant's case manager/SFPR will be notified as well. In conjunction with the SFPR, the case manager will then have the opportunity to work closely with the tenant to address the issue and maintain residency. The tenant's case manager/SFPR will set up a meeting with the tenant to discuss the behaviors and help the tenant create an action plan to address the concerns. As a last resort, tenants will have access to information about what to do when facing an eviction. This would include the appeals procedure, rental assistance and re-housing resources such as referrals to other supportive housing programs. KYCC will work with the tenant to ensure that they can secure new housing. In the event of temporary situations in which the MHSA-eligible tenant is unable to pay rent, KYCC will work to identify resources to assist with rent payments if available, such as flex funds if the tenant is served by a DMH Full Service Partnership (FSP) program.

***Strategies for engaging tenants in supportive services and in community life. Narrative should describe the anticipated frequency of contact between supportive services staff and MHSA Housing Program tenants. Include engagement strategies that provide opportunities for tenant choice:**

MHSA-eligible tenants will have ongoing access to supportive services staff and resources, as well as opportunities to engage in community life within the building and in the greater neighborhood. KYCC's staff is experienced (and receive ongoing trainings) in engaging persons with mental illness, including those who are chronically homeless, and encouraging them to use supportive services. However, participation in all services is voluntary, and participation will not be a condition of tenancy in the MHSA-funded units. A goal of this housing program is to integrate MHSA-eligible tenants into a population of both consumers and non-consumers and maximize tenant choice for engagement in services, activities, and community resources. The fundamental factor to engage individuals is to create a service culture that is built on choice and equality. The Menlo Apartment supportive services staff will focus on supportive services that are customized to the tenant's expressed needs and goals, not the dictates of a structured system.

The supportive services staff also has a practice to encourage continued growth, as opposed to stabilization. A "high risk, high support" environment promotes hope and the recovery process. Staff will support individuals as they take risks, such as living independently for the first time, applying for a job, enrolling in a college class, learning about volunteer opportunities or asking someone out on a date.

The individual service plan will be centered around support from SFPRs and KYCC case managers, and a high level of engagement by the project's service coordinator to maintain ongoing access to a full range of resources. This will begin with orientation at rent-up, and continue throughout the whole span of tenancy. The service coordinator and case managers assigned to the project will greet new MHSA-eligible tenants and offer their assistance to help them get settled. Staff will help with any needs related to moving in, such as having utilities turned on, showing tenants around their new surroundings so they know where to find stores for some of their immediate necessities and helping them meet some of their new neighbors. They will introduce the available supportive services to MHSA-eligible tenants, emphasizing that services are based on the tenants' own choices and tailored to their own needs. Case managers and service coordinators will leverage the full range of resources available to the organization and its partners to engage the interests and needs of each tenant. A bulletin board and file of community resources will be available to all tenants in KYCC offices on the ground floor from the day they are welcomed into the building community.

Through engagement via formal case management sessions, facilitation of group activities, involvement with the tenant council, and informal interactions as described below, the on-site service coordinator and case managers will be working in conjunction with MHSA-eligible tenants on an ongoing basis. They will assist tenants to ensure that appropriate services are available and accessed which will increase housing retention.

On-site staff will make every effort to have contact with each tenant as often as possible, even if they are not actively engaged in services. Staff will maintain contact with individuals who do not initially become involved in supportive services and will continue to offer assistance and look for opportunities to engage them. At the structured/intensive teaching level, case managers and the service coordinator will manage the tenants' participation in their chosen programs. At the individual support/mentoring level, case managers will work one-on-one with them to provide strong support for their recovery. As tenants progress towards self-directed and peer mediated activities, case managers will collaborate with the supportive service team to encourage and allow such opportunities in life skills, educational activities, and wellness activities.

As an informal engagement strategy, KYCC staff will be present on-site during operating hours, which will extend from 10am to 7pm to allow for employed MHSA-eligible tenants to interact with staff after employment hours. The service coordinator will be on site full-time, and KYCC will house program staff on-site. Case managers and other program staff will be provided office space and will be encouraged to stay on-site as their workload allows in order to have informal interactions with tenants. Staff will also allow for MHSA-eligible TAY tenants to drop in and have informal interaction to the greatest extent possible, and will also be able to interact with them throughout the building and off-site at community events or wellness activities.

To help keep the MHSA-eligible tenants engaged, on-site staff will provide services in a variety of settings, depending on tenant choices and needs to grow in their self-sufficiency. Using the "whatever it takes" approach for this proposed project, this means that the case managers and service coordinator will visit tenants in their homes on an as-needed and as-requested basis as they adjust to apartment life; visits can range from daily (as might be needed by new tenants) to bi-monthly check-ins (a standard practice for tenants who are not in crisis or in need of urgent services). Staff will help tenants understand their rights and responsibilities as renters, and help them with issues, such as arranging for repairs with property management and mediating any problems that may jeopardize tenants' ability to remain in housing, such as paying rent on time, being a good neighbor, etc. If needed or requested, staff will accompany them as they enroll in school or search for jobs in the community. Staff will also engage actively with the onsite property manager to act as mentor and advocate when notified of problems or potential problems with the living situation.

Upon initial lease-up of the building, the resident services/case management team will be responsible for forming a tenant council that will represent the Menlo Family Housing. This council will consist of 10-15 tenants, including at least one representative of the MHSA-funded units. Tenants can volunteer to be on the council or may be recruited by case managers and on-site managers to provide the greatest opportunity for involvement and integration. If there are more volunteers than there are spaces on the council, an election will be held annually. The council will meet quarterly at a minimum and more often if deemed necessary or useful by either the LTSC CDC or KYCC staff, or the tenant council itself.

The tenant council will serve as a forum for building tenants to discuss problems related to the housing and voice concerns to management. The council will also be responsible for planning community building events (i.e. barbecues, social gatherings, or outings), and will be allocated a small budget for such events. Furthermore tenant council members will be responsible for assisting property management staff with distributing annual surveys to gather data regarding tenant satisfaction with property management services and other operational issues.

From a supportive service and property management perspective, the tenant council will be a good opportunity for service staff and property management staff to gain insight into issues that tenants are facing, the degree to which MHSA-eligible tenants are integrated into the total building's population, and the overall well-being of the community. It will also help tenants increase their self-determination and independence as they participate in the ongoing development of their shared community.

The tenant's customized ISP incorporates the expressed cultural needs and desires of the individual. Often this involves the community integration aspect of the Service Plan – connecting the individual to relevant resources in the community – but may include assisting the tenant in bringing his or her cultural values and social customs into the community living arena to share with others. KYCC is very familiar with multicultural settings, and administrative staff will facilitate and ensure cultural competency and appropriateness between all program and clinical staff. This desire to address cultural needs is particularly relevant as a service factor when assisting the tenant in selecting community-based physical and mental health providers, and is a core component of meeting the project's goals to serve underrepresented consumers. KYCC has staff of different cultures and backgrounds, and in addition, staff undergoes cultural competency training as a part of their employment with KYCC.

***Describe the plan for communication between the service provider and property management regarding the status of tenants in the development and any building and/or community issues that need attention. Plan should include regularly scheduled meetings among the development partners, a description of service coordination for the development if there is more than one service provider, and identification of single point of contact for communicating and coordinating supportive services.**

LTSC CDC, KYCC and DMH will pay particular attention to addressing property management issues related to the status of MHSA-eligible tenants in the building. It is critical to achieving healthy outcomes to ensure that these tenants are not isolated, marginalized, or discriminated against, and that they are fully integrated into the project community. However, we recognize that property management issues may arise beyond typical issues. LTSC CDC is experienced and trained to work with TAY homeless populations with a severe and persistent mental illness or serious emotional disturbance. Property management staff will work separately from supportive service staff, with information shared only one-way from property management to service staff,

and only when permission is explicitly granted. Their main role at the site will be to enforce the lease rules, and they will be directed to collaborate closely with the supportive service provider to communicate any tenant issues that could be indicative of escalating negative behavior that may eventually lead to eviction. Property management staff will also collect rent, facilitate repair issues, report and fulfill maintenance requests, and prepare vacant units for leasing. The role of supportive services staff is to work closely with the MHSA-eligible tenants to address any behavioral issues that onsite management have identified as putting their tenancy in jeopardy, in addition to the ongoing service coordination requirements related to the tenants' ISP. The goal of this collaboration between property management and social service staff is to identify negative behavioral issues in the early stages, get the social services staff involved and working with the tenant to stop the negative behavior, avert crisis and evictions and ensure that tenant's ongoing success in the housing. Tenant privacy will be respected in all instances, and permission will be sought and must be granted for any information to be shared among staff. Case managers will also work to help resolve disputes between tenants. In the event that third party dispute resolution is needed, KYCC may collaborate with the Asian Pacific Dispute Resolution Center (APDRC) to resolve disputes.

The service coordinator will be considered the point person for the coordination of all services from KYCC, DMH, and any other service partners. The service coordinator will ensure that all MHSA-eligible tenants are receiving the services from their case manager that they have signed up to receive, and will also be responsible for convening meetings between supportive service staff and property management as needed. The service coordinator will meet regularly with KYCC case managers to review tenant's service needs, ensure access to services, programs, and activities, and resolve any challenges to meeting the needs of each tenant. These meetings will include KYCC case managers and SFPRs from all service providers, should there be more than one service provider for the program. Each MHSA-eligible tenant's privacy and confidentiality will always be maintained and no information about diagnosis will be discussed during these meetings. The service coordinator will have access to clinical supervisors at each service provider agency to ensure ongoing communication with case managers and clinical staff. The service coordinator will also meet monthly, or other appropriate regularly set schedule, with program staff of on-site programs provided by KYCC to review tenant engagement and resolve any challenges. The service coordinator will not directly provide mental health services to the MHSA-eligible tenants.

The supportive services staff will meet with property management staff regularly and as needed to monitor the ongoing success of the MHSA-eligible tenants in their permanent housing. If management issues have arisen, the service coordinator will facilitate additional meetings as necessary. The purpose of these meetings is to review any issues that relate to the tenant's ability to comply with the terms of their lease. As much as possible, staff will be vigilant in protecting the MHSA-eligible tenants' confidentiality in these sessions and will comply with all HIPPA laws. These sessions will also provide an excellent opportunity for cross-training. Service staff will work with the property

management staff to educate them about industry best practices, emergency/crisis procedures, and other important tools that will help them to work better with the MHSA-eligible tenants. Conversely, property management staff will also be able to educate the service staff about important property management issues so that they may better advocate for their tenants.

In the event that a crisis should arise, property management staff will have 24/7 access to supportive services staff. Identification of any adverse, incremental behavior changes is key in the early intervention of a crisis. Should such behavior be noted by the on-site property manager, the manager will contact the tenant's case manager or SFPR to alert them to the behavior in question. Once the supportive services staff has been notified of the behavioral changes, they will immediately take steps to get in touch with that tenant and begin addressing the root cause of the behavioral issues, with the goal of averting a conflict that can lead to eviction. This may include phone calls, on-site meetings, or arrangement of and additional services appropriate for resolution of the crisis. Until the crisis has been resolved, onsite management and supportive services staff will continue to remain in regular contact to assess the situation.

If however, lease terms are not being followed despite the efforts of the supportive services staff, property management will notify tenants of lease infractions in the following ways:

- Courtesy notification of minor infractions of house rules
- 3 day notice to correct or quit for significant violations of house rules
- 3 day notice to quit for substantive and non-correctable violation of house rules and/or lease terms, including
 - observed criminal activity
 - Substantive disturbance of neighbors
 - Damage to property
- 30 Day notice
 - After 3 courtesy notifications within 7 days
 - (5) 3 day notices or courtesy notifications over term of tenancy
- Filing of unlawful detainer

The SFPR will be notified and cc'd on any notices issued to tenants by property management. The onsite service coordinators will work with other service staff and MHSA-eligible tenants to address and prevent situations leading to eviction, address correctable offenses, and maintain long-term stability for tenants. Should an MHSA-eligible tenant be vacated from a unit, KYCC or LTSC CDC will notify the SFPR as well as HP&D. In the event that MHSA-eligible tenants are unable to pay rent, case managers will work to identify rental assistance resources to keep the tenant in their unit, such as flex funds. Resident managers will keep tenant files on site in the property management office.

An established tenant council, involving representation and participation of at least one MHSA-eligible TAY tenant and a parent of an eligible children with SED, will meet

regularly, once a month, to review and address and issues appropriate for discussion at a community level. Case managers and supportive service staff will not disclose any confidential information about any tenant, and will work with the tenant council to address and resolve potential disruptions and conflicts.

Segregation of Divisions within LTSC CDC

While LTSC CDC houses a wide array of programs and strives to provide a comprehensive set of services, each department is governed and managed by its own department heads. Similarly, their respective financial activities are accounted for separately in the organization's accounting system. Programs and departments do work together to provide the best services possible, but each department is independent, and there remain certain lines that cannot be crossed.

For example, the Property Management Department may identify a particular tenant who is need of case management services and inform KYCC of the issue. Property Management and KYCC staff may meet to share initial information about the perspective tenant, but once a client-case manager relationship is established, issues of confidentiality arise, and Property Management staff and KYCC staff are careful not to break any confidentiality rules.

Similarly, the Real Estate Development Department will often consult with the Property Management Department to ask for input on whether operating budgets for potential projects seem realistic and for feedback on building plans. During development, project budgets are managed solely by Real Estate Development staff, under the review and approval of the Deputy Director and the Director of Finance (see below for cash management controls in place). Property Management staff have no part in any of the development process. If LTSC's Property Management Department manages a project once it's completed, the necessary regulatory agreements and other information about the building and its intended resident population is handed off by the Real Estate Development staff. Once the project is placed in service, the management and oversight of the project's finances and operations comes solely under the purview of the Property Management Department, with review by the Director of Asset & Property Management and the Director of Finance.

Appeals and Grievance Procedure

Any appeals and/or grievances shall be filed in writing with the property management agent. Copies will be provided to the tenant's case manager or SFPR, if permission has been granted by the MHSA-eligible tenant. If necessary, a closed hearing will be held with presentation made by property management representatives as well as any relevant witnesses or tenants. The property management agent shall convene the hearing and shall have the final say in any disputes. Consideration shall be granted to MHSA-eligible tenants for reasonable accommodations as in initial tenant screening, and SFPRs shall be consulted to the greatest extent possible. The initial finding

process will take 24 – 72 hours. The appeals will be processed within 7 calendar days. Decisions are final. Evictions will only occur if terms of lease have been broken by the tenant and all other problem solving methods have been exhausted. The tenants also have access to DMH's Patient's Rights Office.